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ANXIETY & DEPRESSION QUESTIONNAIRE

NAME: _____

Date: _____

Please rate yourself 'Self' or list yourself as 'Other' if you are evaluating someone such as your child or spouse on each of the symptoms listed below, using the following scale.

0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable

Self / Other (other is: _____)

_____ Frequent feelings of nervousness or anxiety

_____ Panic attacks

_____ Avoidance of places because of fear of having an anxiety attack

_____ Symptoms of heightened muscle tension (e.g. headaches, sore muscles, hand tremors).

_____ Periods of heart pounding, nausea, or dizziness (not exercise related)

_____ Tendency to predict the worse

_____ Multiple, persistent fears or phobias (such as dying, doing something crazy)

_____ Excessive, senseless worrying

_____ Excessive fear or being judged or scrutinized by others

_____ Easily startled or tendency to freeze in anxiety provoking or intense situations

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- _____ Seemingly shy, timid, and easily embarrassed
- _____ Bites fingernails, or picks skin
- _____ Persistent sad or empty mood
- _____ Loss of interest in or pleasure from activities that are usually fun
- _____ Restlessness, irritability, or excessive crying
- _____ Feelings of guilt, worthlessness, helplessness, hopelessness, pessimism
- _____ Sleeping too much or too little, early morning awakening
- _____ Appetite change, (notable weight loss/gain in recent months, overeating more than usual)
- _____ Decreased energy, fatigue, feeling slowed down
- _____ Thoughts of death or suicide, talk of not wanting to live, suicide attempts
- _____ Persistent negativity or chronic low self-esteem
- _____ Persistent physical symptoms that don't respond to treatment (e.g. headache, stomach ache)